

# Résumé of Neutral

ADR-résumé2 8/1997 (replaces ADR-résumé1 6/5/97)

Name (include name of firm, if applicable):

☐ New Résumé

☐ Update (This form must be updated annually; For database purposes, please attach copy of original with deletions circled in red & a copy of update with additions or changes highlighted.)

Address:

Telephone:

FAX:

Other Electronic Addresses or Numbers:

Type of Services Provided (Circle one or both):    Mediation    Arbitration

## Types of Disputes Previously Mediated

Enter number of cases next to  
all applicable categories:

- \_\_\_ General
  - \_\_\_ Business/Commercial
  - \_\_\_ Community/Neighborhood
  - \_\_\_ Construction
  - \_\_\_ Employment/Labor Relations
  - \_\_\_ Environmental
  - \_\_\_ Governmental/Public Agency
  - \_\_\_ Medical
  - \_\_\_ Personal Injury
  - \_\_\_ Property/Real Estate
  - \_\_\_ Other
- 

## Types of Disputes Previously Arbitrated

Enter number of cases next to  
all applicable categories:

- \_\_\_ General
  - \_\_\_ Business/Commercial
  - \_\_\_ Community/Neighborhood
  - \_\_\_ Construction
  - \_\_\_ Employment/Labor Relations
  - \_\_\_ Environmental
  - \_\_\_ Governmental/Public Agency
  - \_\_\_ Medical
  - \_\_\_ Personal Injury
  - \_\_\_ Property/Real Estate
  - \_\_\_ Other
- 

Have you ever served on an arbitration panel?      Yes      No

Would you be willing to serve on an arbitration panel?      Yes      No

Have you ever served on a mediation panel?      Yes      No

Would you be willing to serve on a mediation panel?      Yes      No

Briefly list any other pertinent information in the space below, including areas of specialty.

Indicate the geographic area where you would be able to serve.

Fees charged for your services:

**Education** (list institutions, degrees, dates):

**Specific ADR training:** List name of trainer or organization, number of hours of mediation, arbitration, or other appropriate training, and date(s):

**List professional licenses or registrations, including expiration dates, if any:**

**Experience:** How long have you been providing ADR (years)?

Mediation \_\_\_\_\_ Arbitration \_\_\_\_\_.

**Approximately how many mediations/arbitrations have you conducted?**

Mediation \_\_\_\_\_ Arbitration \_\_\_\_\_.

**Relevant organizations, panels, or programs of which you are a member:**  
(e.g., Superior Court Arbitration, American Arbitration Association, Mediation Centers, etc.)

**Mandatory Compliance Statement:**

I agree to comply with the California statutes and regulations governing ADR,  
including Government Code Sections 11420.10 through 11420.30 and regulations  
1 CCR 1200 et seq. (Title 1, Division 2, Chapter 3).

**Neutral's Signature and Date:**

**Neutral's Printed Name:**